

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
FACILITY LICENSING AND INVESTIGATIONS SECTION**

IN RE: Elm Hill Nursing Center, Inc.  
d/b/a Apple Rehab Rocky Hill  
45 Elm Street  
Rocky Hill, CT 06067

**CONSENT ORDER**

WHEREAS, Elm Hill Nursing Center, Inc., d/b/a Apple Rehab Rocky Hill (“Licensee”), has been issued License No. 2006C to operate a Chronic and Convalescent Nursing Home known as Apple Rehab Rocky Hill (“Facility”) under Connecticut General Statutes section 19a-490 by the Connecticut Department of Public Health (“Department”);

WHEREAS, on and after April 5, 2021, during a recertification survey, the Facility Licensing and Investigations Section (“FLIS”) of the Department conducted an investigation regarding infection control issues and physical plant and life safety code issues;

WHEREAS, the Department, during the course of the aforementioned inspections identified violations of the Connecticut General Statutes and/or Regulations of Connecticut State Agencies;

WHEREAS, the Licensee conducted Legionella testing of the drinking water at the Facility on October 27, 2020, December 1, 2020, January 15, 2021 and/or March 16, 2021, and on one or more of such dates, the Licensee determined that the drinking water at the Facility tested positive for Legionella; and,

WHEREAS, pursuant to Chapter 368v of the Connecticut General Statutes, nursing homes are required to comply with all pertinent regulations promulgated by the Department;

WHEREAS, on April 12, 2021, the Commissioner of Public Health found that the health, safety, and welfare of patients in the Facility imperatively required emergency action, and she issued a Summary Order pursuant to Conn. Gen. Stat. § 19a-534a on such date. (The Summary Order is attached as Exhibit A); and,

WHEREAS, the Department makes the allegations contained in the Statement of Charges dated April 12, 2021, (attached as Exhibit B).

WHEREAS, the Licensee is entering into this Consent Order in order to resolve the allegations without need for a hearing and agrees to the conditions set forth in this Consent Order.

NOW THEREFORE, the FLIS of the Department acting herein and through Donna Ortelte, R.N., M.S.N., its Section Chief, and the Licensee, acting herein and through Ryan Vess, its Secretary, hereby stipulate and agree as follows:

1. In accordance with Connecticut General Statutes section 19a-494(a)(5), the license of the Licensee is placed on probation for a period of two years. During the two year period of probation, the Licensee shall comply with all of the terms in this Consent Order.
2. The Licensee agrees to pay all costs incurred as a result of this Consent Order.
3. Prior to signing this Consent Order, the Licensee shall provide proof, to the satisfaction of the Department, that it complied with all of the terms of the Summary Order dated April 12, 2021.
4. Any records maintained in accordance with any state or federal law or regulation or as required by this Consent Order shall be made available to the Department, upon its request.
5. Within thirty (30) days from the execution of the Consent Order, the Licensee shall employ a full time Infection Preventionist whose sole responsibility is to implement an infection prevention, surveillance and control program including but not limited to the requirements set forth in 42 CFR 483.80(a) and which shall have as its purpose the protection of patients and personnel. The individual hired for this position must meet federal requirements set forth at 42 C.F.R. 483.80(b) and have expertise and experience specific to infection control. The Infection Preventionist shall be responsible for staff education in the area of infection control and for complying with the requirements of an infection prevention and control specialist as set forth in section 1 of Public Act 21-185. The Infection Preventionist, in conjunction with the Director of Nurses, Medical Director and Administrator shall implement a mechanism to ensure that each patient with an infection is properly identified and receives the appropriate care and services pertinent to the identified infection. The facility shall designate a registered nurse to be responsible

for the day-to-day operation of a surveillance program under the direction of the infection control committee. The Infection Preventionist shall ensure the following:

- i. Maintaining an effective infection control program;
  - ii. Reviewing the Facility's policies/procedures pursuant to infection control prevention, with the Director of Nurses, Medical Director and Administrator and revise as necessary;
  - iii. In-servicing all staff regarding infection control principles and practices;
  - iv. Patients on admission are evaluated to determine the existence of an infection;
  - v. Developing of policies and procedures relative to assessing for appropriate room, roommate and isolation protocols;
  - vi. Accurate line listings of patient infections to include date of onset of infection, type of infection, site of infection, treatment, room location and any culture/lab results; and,
  - vii. staff are evaluated on a routine basis, on all three shifts, and including weekends, regarding the implementation of infection control techniques.
6. Within fourteen (14) days of the execution of this Consent Order, the Director of Nurses shall develop and/or review and revise, as necessary, policies and procedures related to physical assessment of patients with pressure ulcers, pressure ulcer prevention and treatment, documentation and tracking of pressure ulcers, care planning, interventions pertinent to pressure ulcers, and turning and repositioning of patients.
7. Within two (2) weeks of the effective date of this Order, the Licensee shall develop a water management program ("WMP") that shall include the following:
- i. Develop a flow diagram or schematic that shall describe the building's water system;
  - ii. Identify areas where water borne pathogens could grow and spread;
  - iii. Determine when control measures need to be applied and monitoring of such;
  - iv. Establish ways to intervene when control limits are not met;
  - v. Assess and monitor the water management program to determine if it is effective as designed; and

- vi. Maintain documentation of all water management activities and documentation of all such meetings shall be maintained at the Facility for a minimum of three (3) years.
8. Within eight (8) weeks of the effective date of this Order, the Licensee shall develop an emergency preparedness plan to ensure adequate planning for both natural and man-made disasters that shall include coordinating with federal, state, regional and local preparedness systems.
9. Within two (2) weeks of the effective date of this Order, the Licensee shall designate a registered nurse as an In-Service Coordinator. The registered nurse designated for this position must hold a current and unrestricted license in Connecticut. Said In-Service Coordinator shall dedicate eight (8) hours a week to training and shall be responsible for the following:
  - i. Planning, organizing, directing and monitoring the education and training program of all staff members;
  - ii. Collaborating and providing advisement to specific departments regarding employees educational/training needs;
  - iii. Ensuring that in-service programs shall be pertinent to care and service topics which directly relate to the current needs of their patient population;
  - iv. Ensuring the provision of all training and education required by the Quality Assurance Committee, and this Consent Order;
  - v. Planning and conducting facility-wide new employee orientations, mandatory in-services, reviewing of nursing skills and preparing documentation related to employee probationary evaluations; and
  - vi. Participating in quality assurance meetings to discuss potential/problems involving the in-service education program.
10. Within forty-five (45) days of the execution of this Consent Order, the Director of Nurses shall develop and/or review and revise, as necessary, policies and procedures related to infection control, physical assessment of patients with pressure ulcers, pressure ulcer prevention and treatment, documentation and tracking of pressure ulcers, care planning, interventions pertinent to pressure ulcers, and turning and repositioning of patients.
11. Within twenty-one (21) days of completion of the items in paragraph 10, all Facility nursing staff shall be in-serviced regarding the policies and procedures identified above.

12. The Facility's medical staff shall review all policies and procedures related to infection control, skin integrity and shall document their examinations of all patients relative to impaired skin integrity.
13. Effective upon the execution of this Consent Order, the Licensee, through its Governing Body, Administrator and Director of Nursing Services, shall ensure substantial compliance with the following:
  - a. Implementation of infection control policies and procedures;
  - b. Implementation of the water management plan;
  - c. Sufficient nursing personnel are available to meet the needs of the patients;
  - d. Patients are maintained, clean, comfortable and well groomed;
  - e. Patient treatments, therapies and medications are administered as prescribed by the physician and in accordance with each patient's comprehensive care plan;
  - f. Patient assessments are performed in a timely manner and accurately reflect the condition of the patient;
  - g. Each patient care plan is reviewed and revised to reflect the individual patient's problems, needs and goals, based upon the patient assessment and in accordance with applicable federal and state laws and regulations;
  - h. Nurse aide assignments accurately reflect patient needs;
  - i. Each patient's nutritional and hydration needs are assessed and monitored in accordance with his/her individual needs and plan of care;
  - j. The personal physician or covering physician is notified in a timely manner of any significant changes in patient condition including, but not limited to, decline in skin integrity, presence of any infection, and deterioration of mental, physical, nutritional, and/or hydration status. In the event that the personal physician does not adequately respond to the patient's needs or if the patient requires immediate care, the Medical Director is notified;
  - k. Patients with pressure sores and/or impaired skin integrity are provided with the necessary care to treat and prevent pressure sores and/or impaired skin integrity. Wounds, including pressure sores, are monitored and assessed in accordance with current regulations and standards of practice;
  - l. All patient care shall be provided in accordance with recognized standards of care;
  - m. Necessary supervision and assistive devices are provided to prevent accidents;

- n. Policies and procedures related to dehydration prevention will be reviewed and revised to include, in part, notification of the attending physician or medical director when the patient's fluid intake does not meet their assessed needs; and,
  - o. Patient injuries of unknown origin are thoroughly investigated, tracked and monitored.
14. Within thirty (30) days of execution of this Consent Order, the Licensee shall appoint a free floating registered nurse supervisor on the first and second shift whose primary responsibility is the assessment of patients and the care provided by nursing staff. A nurse supervisor shall maintain a record of any patient related issue(s) or problem(s) identified on his or her shift and a notation as to the subsequent action taken to resolve the problem(s). Such records shall be made available to the Department upon request and shall be retained for a three (3) year period.
15. Individuals appointed as Nurse Supervisor shall be employed by the Facility or an affiliate or related entity, shall not carry a patient assignment and shall have previous experience in a supervisory role.
16. Nurse Supervisors shall be provided with the following:
- a. A job description which clearly identifies the supervisor's day-to-day duties and responsibilities;
  - b. A training program which clearly delineates each Nurse Supervisor's responsibilities and duties with respect to patient and staff observations, interventions and staff remediation;
  - c. Nurse Supervisors shall be supervised and monitored by a representative of the Licensee's Administrative Staff, (e.g. Director of Nursing Service or Assistant Director of Nursing Service) to ensure the Nurse Supervisors are functioning in accordance with this Consent Order and state and federal requirements. Said administrative supervising and oversight shall be provided on both shifts on an irregular schedule of visits. Records of such administrative visits and supervision shall be retained for the Department's review; and,
  - d. Nurse Supervisors shall be responsible for ensuring that all care is provided to reside patients by all caregivers is in accordance with individual comprehensive care plans.
17. The Licensee shall establish a Quality Assessment and Performance Improvement Program ("QAPI") to review patient care issues including those identified in the May 4, 2021 violation letter. The members of the QAPI shall meet at least monthly to review

and address the quality of care provided to patients and, if applicable, implement remediation measures. Membership shall at a minimum, include the Administrator, Director of Nurses, Infection Control Nurse, Nurse Supervisors, Director of Environmental Services, and the Medical Director.

18. The activities of the Quality Assurance Performance Improvement Committee shall include, but not be limited to, assessing all patients of the Licensee to identify appropriateness of care and services, determination and adoption of new policies to be implemented by the Licensee's staff to improve patient care practices, and routine assessing of care and response to treatment of patients affected with pressure sores and/or infections. In addition, this Committee shall review and revise, as applicable infection control policies and procedures and monitor their implementation. The Committee shall implement a quality assurance program that will measure, track and report on compliance with the requirements of this Consent Order. A report on such measures shall be presented every three months to Medical Staff and Nursing Staff. The Committee shall measure and track the implementation of any changes in the Licensee's policies, procedures, and allocation of resources recommended by the Committee to determine compliance with and effectiveness of such changes. A record of quality assurance meetings and subject matter discussed will be documented and available for review by the Department. Minutes of all such meetings shall be maintained at the facility for a minimum period of five (5) years.
19. Within thirty (30) days of the effective date of this Consent Order, enter into a contract with a Connecticut Licensed Professional Engineer and an individual who holds certification from ASSE 12080 Legionella Water Safety and Management Personnel to:
  - a. Assess the validity of the existing WMP, the efficacy of the interim water chlorination as a control measure and evaluate the necessity of legionella water testing. If testing is deemed necessary, then update the WMP to include the location and frequency of testing,
  - b. Work with the Facility's mechanical engineer and licensed plumber to incorporate the plumbing configuration and modifications into the WMP,
  - c. Submit a report on the changes made to the water management plan, and work with the Facility to assure implementation of the Facility's WMP; and,
  - d. Submit a quarterly report on all related activities and control measures instituted under the WMP.

20. Prior to signing this Consent Order, the Licensee shall designate and provide to the Department in writing the name of the individual within the Facility to monitor the requirements of this Consent Order.
21. Any reports required by this Consent Order shall be directed to:

Judith Birtwistle, RN  
Supervising Nurse Consultant  
Facility Licensing and Investigations Section  
Department of Public Health  
410 Capitol Avenue, P.O. Box 340308 MS #12HSR  
Hartford, CT 06134-0308
22. All parties agree that this Consent Order is an Order of the Department with all of the rights and obligations pertaining thereto and attendant thereon. Nothing herein shall be construed as limiting the Department's available legal remedies against the Licensee for violations of the Consent Order or of any other statutory or regulatory requirements, which may be sought in lieu of or in addition to the methods of relief listed above, including all options for the issuance of citations, the imposition of civil penalties calculated and assessed in accordance with Section 19a-524 et seq. of the General Statutes, or any other administrative and judicial relief provided by law. This Consent Order may be admitted by the Department as evidence in any proceeding between the Department and the Licensee in which compliance with its terms is at issue. The Licensee retains all of its rights under applicable law. The allegations and findings contained in Exhibits A shall be deemed true in any subsequent proceeding in which the licensee's compliance with the Consent Order is at issue or the licensee's compliance with Connecticut statutes and regulations and/or with Federal statutes and regulations is at issue.
23. The Licensee agrees that this Consent Order will be reported consistent with federal and state law and regulations and consistent with Department policy. In addition, the Licensee agrees that this Consent Order will be posted on the Department's website.
24. The Licensee waives its right to a hearing regarding any penalty imposed pursuant to this Consent Order, however, the Licensee shall be allowed to present documentary evidence to the Department prior to the imposition of a penalty. Upon written notice of the imposition of a penalty under this Consent Order, the Licensee shall pay the penalty to the Department within fifteen days of said notice. In the event that the penalty is not paid within said time, in addition to other remedies permitted by law, Licensee hereby



authorizes the Commissioner of Social Services to immediately withhold from any payment due to the Licensee an amount equal to any penalty imposed under this Consent Order upon written notice of the Department.

25. The execution of this Consent Order has no bearing on any criminal liability without the written consent of the Director of the MFCU or the Bureau Chief of the Department of Criminal Justice's Statewide Prosecution Bureau.
26. The Licensee agrees that this Consent Order and the terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum including any right to review under the Uniform Administrative Procedure Act, Chapter 368a of the Statutes, Regulations that exists at the time the agreement is executed or may become available in the future, provided that this stipulation shall not deprive the Licensee of any other rights that it may have under the laws of the State of Connecticut or of the United States.
27. Should the Licensee not be able to maintain substantial compliance with the requirements of the Consent Order, the Department retains the right to issue charges including those identified in the May 4, 2021 violation letter referenced in this Consent Order.
28. The Licensee agrees that this Consent Order does not limit any other agency or entity in any manner including but not limited to any actions taken in response to the factual basis of this Consent Order. The parties agree and acknowledge that the purpose of this Consent Order is to resolve the pending matter against the Licensee and it is not intended to affect any other claims of liability or defenses in any matter involving third parties.
29. The Licensee has consulted with its attorney prior to the execution of this Consent Order.

WITNESS WHEREOF, the parties hereto have caused this Consent Order to be executed by their respective officers and officials, which Consent Order is to be effective as of the later of the two dates noted below.

Elm Hill Nursing Center, Inc.  
d/b/a Apple Rehab Rocky Hill

By: [Signature]  
Ryan Vess  
Secretary

10/14/21

On this 14<sup>th</sup> day of October, 2021, before me, personally appeared (Name of person signing) who acknowledged herself to be the (Their position \_\_\_\_\_ of NAME OF FACILITY/LICENSEE, Inc) and that (HE/SHE), as such POSITION being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the Licensee by herself as THEIR POSITION \_\_\_\_\_.

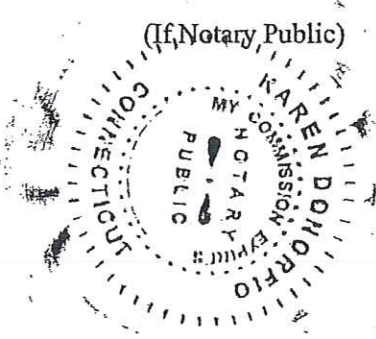
My Commission Expires: 03/31/25

[Signature]  
Notary Public Karen Donorfio

Commissioner of the Superior Court

(If, Notary Public)

STATE OF CONNECTICUT,  
DEPARTMENT OF PUBLIC HEALTH



October 18, 2021

By: [Signature]  
Donna Ortelle, R.N., M.S.N.  
Section Chief  
Facility Licensing and Investigations Section

## STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH  
Acting Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

### HEALTH CARE QUALITY AND SAFETY BRANCH SUMMARY ORDER PURSUANT TO CONN. GEN. STAT. § 19a-534a

Issued To: Elm Hill Nursing Center, Inc.  
d/b/a Apple Rehab Rocky Hill  
License No. 2006C  
45 Elm Street  
Rocky Hill, CT 06067

Whereas, pursuant to Conn. Gen. Stat. § 19a-493, Elm Hill Nursing Center, Inc. d/b/a Apple Rehab Rocky Hill ("Licensee") has been issued license No. 2006C by the Connecticut Department of Public Health ("Department") to operate a 120 bed Chronic and Convalescent Nursing Home known as Apple Rehab Rocky Hill ("Facility"); and,

Whereas, Conn. Gen. Stat. § 19a-534a authorizes the Commissioner of Public Health ("Commissioner") to issue a Summary Order if the Commissioner finds that the health, safety, or welfare of any patient or patients in any nursing home facility imperatively requires emergency action and incorporate findings to that effect into the order; and,

Whereas, during a recertification survey conducted by the Department, an investigation was initiated concerning infection control issues and physical plant and life safety code issues. The Department conducted visits at the Facility commencing on April 5, 2021; and,

Whereas, pursuant to Chapter 368v of the Connecticut General Statutes, nursing home facilities are required to comply with all pertinent regulations promulgated by the Department;

WHEREAS, the Licensee conducted Legionella testing of the drinking water at the Facility on October 27, 2020, December 1, 2020, January 15, 2021 and/or March 16, 2021, and on one or more of such dates, the Licensee determined that the drinking water at the Facility tested positive for Legionella; and,



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Telecommunications Relay Service 7-1-1  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)



*Affirmative Action/Equal Opportunity Employer*

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Whereas, during the course of the aforementioned inspections at the Facility, violations of the Regulations of Connecticut State Agencies ("Public Health Code") occurred as follows in 2020 and 2021:

- a. The Licensee failed to maintain a water management plan ("WMP") to mitigate the risk of Legionella and other water borne pathogens;
- b. The Licensee failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of waterborne pathogen diseases and infections;
- c. The Licensee failed to dedicate a registered nurse to be responsible for the day to day operations of the infection control surveillance program under the direction of the infection control committee;
- d. The Licensee failed to restrict water use in the Facility and use potable bottled water when there was a question of Legionella transmission from the water system;
- e. The Licensee failed to install micron filters on all water sources when there was question of Legionella transmission from the water system;
- f. The Licensee failed to maintain documentation when the micron filters where changed in accordance with manufacturer's recommendations;
- g. The Licensee failed to incorporate the WMP into the Quality Assurance and Performance Improvement (QAPI) activities;
- h. The Licensee failed to ensure the water management committee members were identified or listed on the documentation provided to the Department for the WMP;
- i. The Licensee failed to adequately respond when several monthly test results identified positive results for waterborne pathogens;
- j. The Licensee failed to consistently document meeting minutes regarding Legionella issues within the Facility; and/or,
- k. The Licensee failed to report a case of Legionella in accordance with reporting requirements.



The Commissioner finds that violations of sections of the Regulations of Connecticut State Agencies, as listed below, have occurred and/or are occurring at the Facility:

19-13-D8t(e)(1) and/or (2);  
19-13-D8t(f)(3);  
19-13-D8t(g)(3);  
19-13-D8t(h)(2);  
19-13-D8t(j)(2);  
19-13-D8t(t)(2)(A)(3); and/or,  
19-13-D8t(v)(2).

Whereas, based on the foregoing, the Commissioner finds that the health, safety, and welfare of patients in the Facility imperatively requires emergency action.

Therefore, pursuant to the authority provided by the Connecticut General Statutes § 19a-534a, the Commissioner **ORDERS** that the Licensee take the following actions:

1. Effective immediately, the Licensee shall not admit any new residents;
2. Effective immediately, the Licensee shall restrict the use of tap water in the Facility and use, instead, potable bottled water until the Licensee provides proof, to the satisfaction of the Department, that 0.2 micron biological point-of-use filters are installed on all showerheads, sink, tub faucets and other water sources intended for use in the Facility.
3. Within two weeks of the effective date of this Summary Order, conduct a 3-month retrospective surveillance review to identify residents with pneumonia of unknown etiology (pneumonia with onset  $\geq$ 48 hours after admission). Within three weeks of the effective date of this Summary Order, report its findings to the Department.
4. No later than April 16, 2021, test all residents for Legionella who are currently residing in the Facility. The Licensee shall immediately report any positive results to the Department.
5. Effective immediately, conduct active prospective clinical surveillance. Active clinical surveillance is a period of enhanced surveillance during





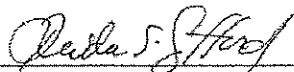
which healthcare Facility staff proactively and systematically identify patients with healthcare-associated pneumonia (pneumonia with onset  $\geq 48$  hours after admission). If a suspect Legionnaires' disease case(s) (i.e. patient with pneumonia of unknown etiology) is identified, collect sputum or other lower respiratory secretions for *Legionella* culture or testing via the *Legionella* urine antigen test. Within three weeks of the effective date of this Summary Order, report its findings to the Department.

6. Within two weeks of the effective date of this Summary Order, review the existing WMP and conduct an environmental assessment (using the CDC Environmental Assessment Form) to evaluate possible environmental exposures. Environmental assessments and sampling activities undertaken during an investigation are similar, but more comprehensive and detailed than activities performed during routine surveillance. Within three weeks of the effective date of this Summary Order, report its findings to the Department.
7. Within one week of the effective date of this Summary Order, establish a water sampling plan that includes, but is not limited to testing (culturing) water samples for *Legionella*, as well as testing physical and chemical parameters (temperature, disinfection residual levels, and pH in accordance with CDC guidance for environmental sampling).
8. Effective immediately, environmental culture samples must be analyzed by a lab that participates in the CDC Elite program and has been certified by the CT DPH Environmental Laboratory Certification program.
9. Remediate/ decontaminate possible environmental source(s) when identified by the Department, Facility staff and/or environmental consultants.
10. By the end of the business day on April 15, 2021, contract with an independent contractor with expertise and training in waterborne pathogens to conduct a water management review, remediation, and to repair/replace/correct items identified in this Summary Order. The independent contractor(s) must be pre-approved in writing by the Department prior to the commencement of any work. All work must begin by the end of business on April 16, 2021, unless otherwise approved in writing by the Department.



11. By the end of the business day on April 16, 2021, provide to the Department a detailed and comprehensive Plan of Correction (“POC”) with timelines to remediate all the issued identified in this Summary Order. The Licensee shall provide proof, to the Department’s satisfaction, of implementation of the POC.
12. The POC and the timelines contained in it must be approved in writing by the Department, and all work must be completed in accordance with the dates of completion approved by the Department. Failure to comply with this Order will be cause for additional actions pursuant to Connecticut General Statutes § 19a-534a which actions could include summary revocation or suspension of the Licensee’s license.
13. The Licensee shall pay for all costs incurred in order to comply with this Summary Order. Failure to do so may constitute a violation of this Summary Order and may subject the Licensee to further disciplinary action.

Dated at Hartford, Connecticut this 12<sup>th</sup> day of April 2021.



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Deidre S. Gifford, MD, MPH  
Acting Commissioner  
Connecticut Department of Public Health



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
FACILITY LICENSING AND INVESTIGATIONS SECTION

To: Elm Hill Nursing Center, Inc.  
d/b/a Apple Rehab Rocky Hill  
License No. 2006C  
45 Elm Street  
Rocky Hill, CT 06067

STATEMENT OF CHARGES

Pursuant to the provisions of Connecticut General Statutes § 19a-494, the Connecticut Department of Public Health, Facility Licensing and Investigations Section, ("Department") brings the following charges against Elm Hill Nursing Center, Inc. d/b/a Apple Rehab Rocky Hill ("Respondent").

COUNT ONE

1. Respondent is and has been at all times referenced in this Statement of Charges the holder of Chronic and Convalescent Nursing Home License No. 2006C.
2. On and prior to April 5, 2021, Respondent failed to maintain a water management plan ("WMP") to mitigate the risk of Legionella and other waterborne pathogens.
3. The above referenced conduct violates section 19-13-D8t(e)(1) and/or (2) and/or (f)(3) and/or (h)(2) and/or (t)(2) and/or (v)(2) of the Connecticut Public Health Code ("PHC").

COUNT TWO

4. Paragraph 1 of Count One is hereby incorporated by reference as if set forth fully herein.
5. On and prior to April 5, 2021, Respondent failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of waterborne pathogen diseases and infections.

E. H. Hinkley

6. The above referenced conduct violates section 19-13-D8t(e)(2) and/or (f)(3) and/or (h)(2) and/or (t)(2) of the PHC.

COUNT THREE

7. Paragraph 1 of Count One is hereby incorporated by reference as if set forth fully herein.
8. On and prior to April 5, 2021, Respondent failed to dedicate a registered nurse to be responsible for the day to day operation of the infection control surveillance program under the direction of the infection control committee.
9. The above referenced conduct violates section 19-13-D8t (e)(1) and/or (2) and/or (f)(3) and/or (t)(3) of the PHC.

COUNT FOUR

10. Paragraph 1 of Count One is hereby incorporated by reference as if set forth fully herein.
11. On and prior to April 5, 2021, Respondent failed to restrict use of tap water in the Facility and use, instead, potable bottled water when there was a question of Legionella transmission from the water system.
12. The above referenced conduct violates section 19-13-D8t (f)(3) and/or (t)(2) of the PHC.

COUNT FIVE

13. Paragraph 1 of Count One is hereby incorporated by reference as if set forth fully herein.
14. On and prior to April 5, 2021, Respondent failed to install micron filters on all water sources when there was a question of Legionella transmission from the water system.
15. The above referenced conduct violates section 19-13-D8(e)(2) and/or (f)(3) and/or (t)(2) of the PHC.





COUNT SIX

16. Paragraph 1 of Count One is hereby incorporated by reference as if set forth fully herein.
17. On and prior to April 5, 2021, Respondent failed to maintain documentation indicating when the micron filters were changed in accordance with manufacturers recommendations.
18. The above referenced conduct violates section 19-13-D8t(e)(1) and/or (2) and/or (t)(2) of the PHC.

COUNT SEVEN

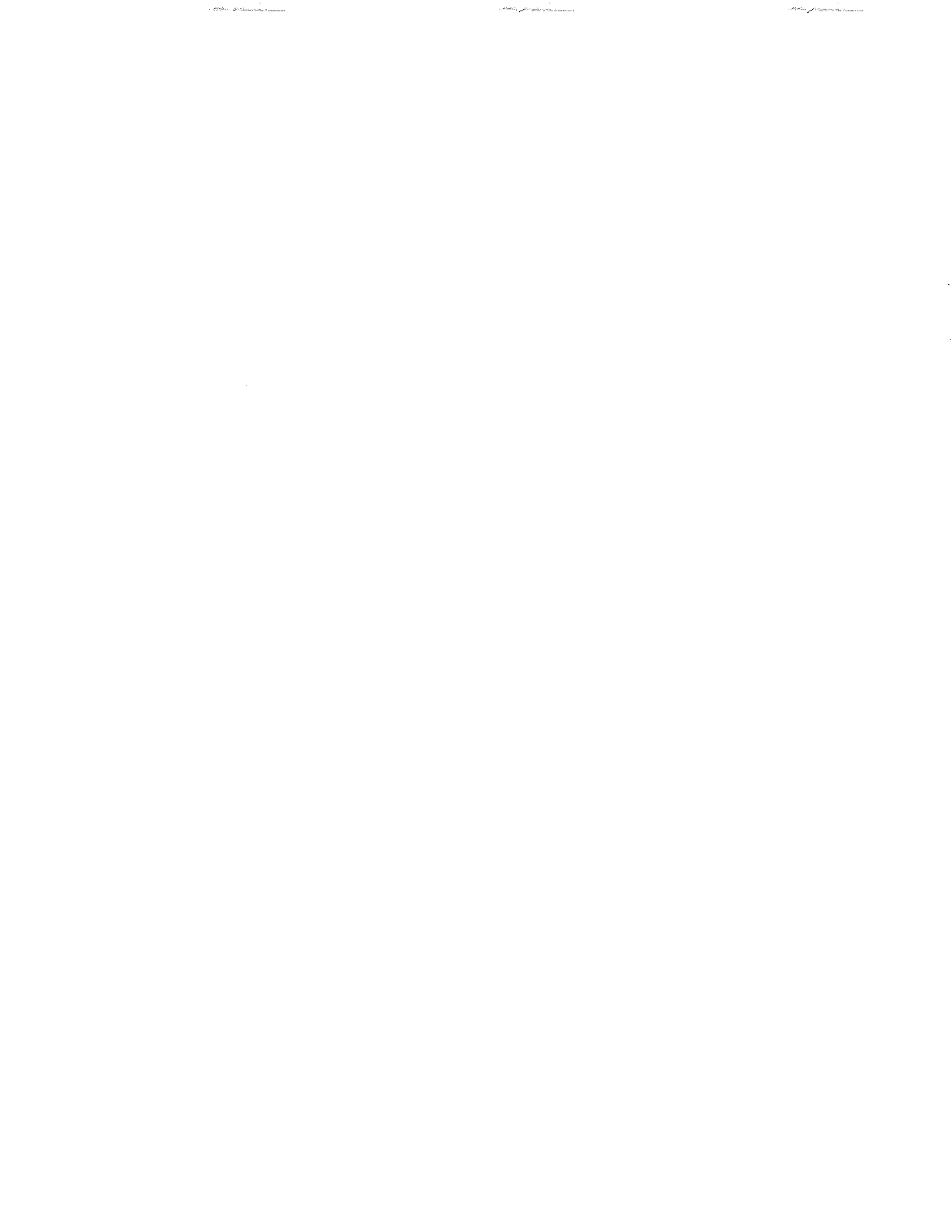
19. Paragraph 1 of Count One is hereby incorporated by reference as if set forth fully herein.
20. On and prior to April 5, 2021, Respondent failed to incorporate the WMP in the Quality Assurance and Performance Improvement (“QAPI”) activities.
21. The above referenced conduct violates section 19-13-D8t(e)(1) and/or (2) and/or (f)(3) of the PHC.

COUNT EIGHT

22. Paragraph 1 of Count One is hereby incorporated by reference as if set forth fully herein.
23. On and prior to April 5, 2021, Respondent failed to ensure the WMP committee members were identified or listed on documentation provided to the Department for the WMP.
24. The above referenced conduct violates section 19-13-D8t(e)(1) and/or (2) and/or (f)(3) and/or (t)(2) of the PHC.

COUNT NINE

25. Paragraph 1 of Count One is hereby incorporated by reference as if set forth fully herein.
26. On and prior to April 5, 2021, Respondent failed to adequately respond when several monthly test results identified positive results for waterborne pathogens.



27. The above referenced conduct violates Section 19-13-D8t(e)(1) and/or (2) and/or (f)(3) and/or (t)(2) of the PHC.

COUNT TEN

28. Paragraph 1 of Count One is hereby incorporated by reference as if set forth fully herein.
29. On and prior to April 5, 2021, Respondent failed to consistently document meeting minutes regarding Legionella issues within the Facility.
30. The above referenced conduct violates Section 19-13-D8t(e)(1) and/or (2) and/or (t)(2) of the PHC.

COUNT ELEVEN

31. Paragraph 1 of Count One is hereby incorporated by reference as if set forth fully herein.
32. On and prior to April 5, 2021, Respondent failed to report an outbreak of disease in accordance with reporting requirements.
33. The above referenced conduct violates Section 19-13-D8t(f)(3) and/or (t)(2) of the PHC.

Therefore, the Department of Public Health prays that: the Commissioner of the Department, as authorized in 19a-494 of the Connecticut General Statutes revoke or take any other actions as authorized in said section against the Chronic and Convalescent Home license of Elm Hill Nursing Center, Inc. as she deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 12<sup>th</sup> day of April, 2021.

BY: Donna Ortelle, R.N., M.S.N.  
Donna Ortelle, R.N., M.S.N. Section Chief  
Department of Public Health  
Facility Licensing and Investigations Section

